

Notice of Public Hearing

Pursuant to Section 22215 of Public Act 306 of 1969, as amended, the Michigan Department of Health and Human Services (MDHHS) will hold a hearing on Certificate of Need (CON) Review Standards.

Date: Thursday, August 10, 2023

Time: 9:30 a.m.

Topic: Public Hearing for Air Ambulance, Computed Tomography (CT) Scanner Services, Nursing Home and Hospital Long-Term-Care Unit (HLTCU) Beds, and Psychiatric Beds and Services Review Standards.

Location: South Grand Building
333 S. Grand Avenue, 1st Floor
Conference Room 1A
Lansing, MI 48933

Virtual: **Members of the public may attend virtually**
Feel free to join from your PC, Mac, Linux, iOS or Android:
<https://us06web.zoom.us/j/87005848334>

Or by Telephone:
USA (216) 706-7005
USA (866) 434-5269 (US Toll Free)
Conference code: 729478



CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR AIR AMBULANCE SERVICES

The proposed CON Review Standards for Air Ambulance Services are being reviewed for deregulation under the CON program.



CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR COMPUTED TOMOGRAPHY (CT) SCANNER SERVICES

The proposed language changes include the following:

1. Section 2(1): Modified/added definitions as follows:

(j) "CT equivalents" OR "CTE" means the resulting number of units produced when the number of billable procedures for each category is multiplied by its respective conversion factor tabled in Section 16.

(k) "CT scanner" means x-ray CT scanning systems capable of performing CT scans of the head, other body parts, or full body patient procedures including Positron Emission Tomography (PET)/CT scanner hybrids if used for CT only procedures. The term does not include emission-computed tomographic systems utilizing internally administered single-photon gamma ray emitters, positron annihilation CT systems, magnetic resonance, ultrasound computed tomographic systems, CT simulators used solely for treatment planning purposes in conjunction with an MRT unit, non-diagnostic, intra-operative guidance tomographic units, and dental CT scanners that generate a peak power of 5 kilowatts or less as certified by the manufacturer and are specifically designed to generate CT images to facilitate dental procedures by a licensed dentist under the practice of dentistry ONLY. ANY OTHER USE OF CT SCANNERS (SUCH AS BUT NOT LIMITED TO CHIROPRACTIC UTILIZATION) THAT GENERATE A PEAK POWER OF 5 KILOWATTS OR LESS AS CERTIFIED BY THE MANUFACTURER WILL REQUIRE REVIEW AND APPROVAL AS A CT SCANNER SERVICE UNDER APPLICABLE SECTIONS OF THESE STANDARDS.

(gg) "REFERRING LICENSED HEALTHCARE PROFESSIONAL" MEANS: (I) THE DOCTOR OF RECORD WHO ORDERED THE CT PROCEDURE(S) AND EITHER TO WHOM THE PRIMARY REPORT OF THE RESULTS OF AN CT PROCEDURE(S) IS SENT, OR IN THE CASE OF A TEACHING FACILITY, THE ATTENDING DOCTOR WHO IS RESPONSIBLE FOR THE HOUSE OFFICER OR RESIDENT THAT REQUESTED THE CT PROCEDURE; OR (II) A NON-PHYSICIAN LICENSED HEALTHCARE PROFESSIONAL ACTING WITHIN THE SCOPE OF THEIR PRACTICE.

(hh) "RENEWAL OF LEASE" MEANS EXTENDING THE EFFECTIVE PERIOD OF A LEASE FOR AN EXISTING CT SCANNER THAT DOES NOT INVOLVE EITHER REPLACEMENT OF THE CT SCANNER, AS DEFINED IN SECTION 5, OR A CHANGE IN THE PARTIES TO THE LEASE.

(ii) "Replace an existing CT scanner" means an equipment change of an existing CT scanner, that requires a change in the radiation safety certificate, proposed by an applicant which results in that applicant operating the same number of CT scanners before and after project completion, at the same geographic location. The term also includes relocating an existing CT scanner or CT scanner service from an existing site to a different site; AND RENEWAL OF LEASE.

2. Section 5: Added language for lease renewal, similar to MRI Services:

Sec. 5. An applicant proposing to replace an existing CT scanner or service, OR RENEW THE LEASE OF AN EXISTING CT SCANNER, other than a hospital-based portable CT scanner service, shall demonstrate the following, as applicable:

(1) An applicant proposing to replace an existing fixed, mobile, or dedicated pediatric CT scanner shall demonstrate all of the following:

(a) The replacement CT scanner will be located at the same site as the CT scanner to be replaced.

(b) AN APPLICANT PROPOSING TO REPLACE AN EXISTING CT SCANNER THAT DOES NOT INVOLVE A RENEWAL OF A LEASE SHALL DEMONSTRATE THAT the existing CT scanner(s) proposed to be replaced is fully depreciated according to generally accepted accounting principles, or, that the existing equipment clearly poses a threat to the safety of the public, or, that the proposed replacement CT scanner offers technological improvements which enhance quality of care, increase efficiency, and/or reduce operating costs and patient charges.

3. Section 17: Added language that prohibits the withdrawal of CT physician commitment during the application review process.

(1) An applicant required to project under Section 3 shall demonstrate that the projection is based on historical REFERRING LICENSED HEALTHCARE PROFESSIONAL physician referrals that resulted in an actual scan for the most recent 12-month period immediately preceding the date of the application. Historical physician referrals will be verified with the data maintained by the Department through its "Annual Hospital statistical survey" and/or "Annual Freestanding Statistical Survey."

(2)(a) A written commitment from each referring LICENSED HEALTHCARE PROFESSIONAL physician that he or she will refer at least the volume of CT scans to be transferred to the proposed CT scanner service for no less than 3 years subsequent to the initiation of the CT scanner service proposed by an applicant.

(2)(b) The number of referrals committed must have resulted in an actual CT scan of the patient at the existing CT scanner service from which referral will be transferred. The committing REFERRING LICENSED HEALTHCARE PROFESSIONAL physician must make available HIPAA compliant audit material if needed upon Department request to verify referral sources and outcomes. Commitments must be verified by the most recent data set maintained by the Department through its "Annual Hospital Statistical Survey" and/or "Annual Freestanding Statistical Survey."

(3) THE DEPARTMENT SHALL NOT CONSIDER A WITHDRAWAL OF A SIGNED DATA COMMITMENT ON OR AFTER THE DATE AN APPLICATION IS DEEMED SUBMITTED BY THE DEPARTMENT.

(4) THE DEPARTMENT SHALL CONSIDER A WITHDRAWAL OF A SIGNED DATA COMMITMENT IF A COMMITTING DOCTOR SUBMITS A WRITTEN NOTICE TO THE DEPARTMENT BEFORE THE APPLICATION IS DEEMED SUBMITTED, THAT SPECIFIES THE CON APPLICATION NUMBER AND THE SPECIFIC CT SERVICES FOR WHICH A DATA COMMITMENT IS BEING WITHDRAWN.

4. Section 14(4) Added subsection to require a notification to the Department no later than 30 days after a planned decrease or discontinuation of services:

(e) THE APPLICANT SHALL PROVIDE NOTICE TO THE DEPARTMENT OF ANY PLANNED DECREASE OR DISCONTINUATION OF SERVICE(S) NO LATER THAN 30 DAYS AFTER THE PLANNED DECREASE OR DISCONTINUATION OF THE SERVICE(S).

5. Other technical edits.



**CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR
NURSING HOME AND LONG-TERM-CARE UNIT BEDS (NH-HLTCU)**

1. Section 7: Added new subsection that requires previously approved change of ownership CON is a completed project before replacement applications can be approved.

(4) AN APPLICANT PROPOSING TO REPLACE BEDS MUST DEMONSTRATE THAT ANY PREVIOUSLY APPROVED CHANGE OF OWNERSHIP (CHOW) CERTIFICATE OF NEED FOR THE FACILITY HAS BEEN DEEMED A COMPLETED PROJECT BY THE DEPARTMENT BEFORE THE REPLACEMENT APPLICATION CAN BE APPROVED.

2. Section 8: Added new subsection that requires previously approved change of ownership CON is a completed project before relocation applications can be approved.

(1)(g) AN APPLICANT PROPOSING TO RELOCATE BEDS, UNDER SECTION 8(1), MUST DEMONSTRATE THAT ANY PREVIOUSLY APPROVED CERTIFICATE OF NEED FOR ADDITION OF EXISTING NURSING HOME/HLTCU BEDS AT THE FACILITY, UNDER SECTION 8(2), HAS BEEN DEEMED A COMPLETED PROJECT BY THE DEPARTMENT BEFORE THE RELOCATION APPLICATION CAN BE APPROVED.

(3) AN APPLICANT PROPOSING TO RELOCATE EXISTING NURSING HOME/HLTCU BEDS, UNDER SECTION 8(1), OR ADD EXISTING NURSING HOME/HLTCU BEDS, UNDER SECTION 8(2), MUST DEMONSTRATE THAT ANY PREVIOUSLY APPROVED CHANGE OF OWNERSHIP (CHOW) CERTIFICATE OF NEED FOR THE FACILITY HAS BEEN DEEMED A COMPLETED PROJECT BY THE DEPARTMENT BEFORE THE RELOCATION APPLICATION CAN BE APPROVED.

3. Section 9: Modified/added language that requires delinquent debt be paid or an approved payment plan with the Department of Treasury is agreed to and current before an applicant is approved to acquire an existing nursing home or renew the lease of an existing nursing home:

(3)(d) THE FOLLOWING ALL DELINQUENT DEBT OBLIGATIONS TO THE STATE OF MICHIGAN HAVE BEEN PAID, OR THE APPLICANT IS IN COMPLIANCE WITH A PAYMENT PLAN CONCERNING THE SAME AGREED TO BY THE APPLICANT AND THE MICHIGAN DEPARTMENT OF TREASURY: ~~A PAYMENT PLAN AGREED UPON BY THE APPLICANT AND THE MICHIGAN DEPARTMENT OF TREASURY SHALL BE CONSIDERED NOT DELINQUENT FOR THE PURPOSE OF THIS SECTION ON THE CONDITION THE APPLICANT IS CURRENT AND REMAINS CURRENT ON PAYMENTS. THE DEBT OBLIGATIONS THAT MUST BE PAID INCLUDE:~~

- (i) QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP),
- (ii) PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR),
AND
- (iii) CIVIL MONETARY PENALTIES (CMP).

4. Section 11: Added subsection to require a notification to the Department at least 30 days prior to a planned decrease or discontinuation of services:

(c) THE APPLICANT SHALL PROVIDE NOTICE TO THE DEPARTMENT OF ANY PLANNED DECREASE OR DISCONTINUATION OF SERVICE(S) NO LATER THAN 30 DAYS AFTER THE PLANNED DECREASE OR DISCONTINUATION OF THE SERVICE(S).

5. Section 11: Added subsection that requires all applicants remain current on taxes, fines, and fees, or that the applicant has an approved payment plan with the Department of Treasury and is current on payments:

(6) THE APPLICANT SHALL AGREE THAT, IF APPROVED, IT WILL REMAIN CURRENT ON ALL TAXES, FINES, AND FEES OWED TO THE STATE OF MICHIGAN. A PAYMENT PLAN AGREED UPON BY THE APPLICANT AND THE MICHIGAN DEPARTMENT OF TREASURY SHALL BE CONSIDERED NOT DELINQUENT FOR THE PURPOSE OF THIS SECTION ON THE CONDITION THE APPLICANT IS CURRENT AND REMAINS CURRENT ON PAYMENTS, INCLUDING. ~~THE OBLIGATIONS APPLICABLE TO THIS SECTION INCLUDE:~~ QUALITY ASSURANCE ASSESSMENT PROGRAM (QAAP), PREADMISSION SCREENING AND ANNUAL RESIDENT REVIEW (PASARR), AND CIVIL MONETARY PENALTIES (CMP).

6. Other technical edits.



CERTIFICATE OF NEED (CON) REVIEW STANDARDS FOR PSYCHIATRIC BEDS AND SERVICES

1. Section 13(4): Added subsection to require a notification to the Department at least 30 days prior to a planned decrease or discontinuation of services:

(g) THE APPLICANT SHALL PROVIDE NOTICE TO THE DEPARTMENT OF ANY PLANNED DECREASE OR DISCONTINUATION OF SERVICE(S) NO MORE THAN 30 DAYS AFTER THE PLANNED DECREASE OR DISCONTINUATION OF THE SERVICE(S).

2. New Section 15: Added language to create a pilot program for child and adolescent psychiatric beds that will allow for applicants to acquire beds without utilizing bed need methodology:

SECTION 15. PILOT PROGRAM REQUIREMENTS FOR APPLICANTS PROPOSING TO INITIATE OR INCREASE CHILD AND ADOLESCENT PSYCHIATRIC BEDS

SEC. 15. (1) AN APPLICANT PROPOSING THE INITIATION OF A CHILD/ADOLESCENT PSYCHIATRIC SERVICE SHALL DEMONSTRATE OR PROVIDE THE FOLLOWING:

- (a) A WRITTEN RECOMMENDATION, FROM THE DEPARTMENT OR THE CMH THAT SERVES THE COUNTY IN WHICH THE PROPOSED BEDS OR SERVICES WILL BE LOCATED, SHALL INCLUDE AN AGREEMENT TO ENTER INTO A CONTRACT TO MEET THE NEEDS OF THE PUBLIC PATIENT. AT A MINIMUM, THE LETTER OF AGREEMENT SHALL SPECIFY THE NUMBER OF BEDS TO BE ALLOCATED TO THE PUBLIC PATIENT AND THE APPLICANT'S INTENTION TO SERVE PATIENTS WITH AN INVOLUNTARY COMMITMENT STATUS.
- (b) THE NUMBER OF BEDS PROPOSED IN THE CON APPLICATION TO BE ALLOCATED FOR USE BY THE PUBLIC PATIENTS SHALL NOT BE LESS THAN 50% OF THE BEDS PROPOSED IN THE CON APPLICATION.
- (c) THE MINIMUM NUMBER OF BEDS IN A PSYCHIATRIC UNIT SHALL BE AT LEAST 10 BEDS. THE DEPARTMENT MAY APPROVE AN APPLICATION FOR A UNIT OF LESS THAN 10 BEDS, IF THE APPLICANT DEMONSTRATES TO THE SATISFACTION OF THE DEPARTMENT, THAT TRAVEL TIME TO EXISTING UNITS WOULD SIGNIFICANTLY LIMIT ACCESS TO CARE.

(2) AN APPLICANT PROPOSING AN INCREASE OF CHILD/ADOLESCENT PSYCHIATRIC BEDS SHALL DEMONSTRATE OR PROVIDE THE FOLLOWING:

- (a) AN APPLICANT MAY APPLY FOR THE ADDITION OF NEW CHILD/ADOLESCENT PSYCHIATRIC BEDS IF BEDS ARE BEING ADDED AT THE EXISTING LICENSED SITE. FURTHER, AN APPLICATION PROPOSING NEW BEDS AT AN EXISTING LICENSE PSYCHIATRIC HOSPITAL OR UNIT SITE SHALL AGREE AND ASSURE COMPLIANCE WITH ALL APPLICABLE PROJECT DELIVERY REQUIREMENTS, EXCLUDING OCCUPANCY REQUIREMENTS.
- (b) PROOF OF CURRENT CONTRACT OR DOCUMENTATION OF CONTRACT RENEWAL, IF CURRENT CONTRACT IS UNDER NEGOTIATION, WITH AT LEAST ONE CMH OR ITS DESIGNEE THAT SERVES THE PLANNING AREA IN WHICH THE PROPOSED BEDS OR SERVICE WILL BE LOCATED.
- (c) PREVIOUSLY MADE COMMITMENTS, IF ANY, TO THE DEPARTMENT OF CMH TO SERVE PUBLIC PATIENTS HAVE BEEN FULFILLED.

(d) THE MINIMUM NUMBER OF BEDS IN A PSYCHIATRIC UNIT SHALL BE AT LEAST 10 BEDS. THE DEPARTMENT MAY APPROVE AN APPLICATION FOR A UNIT OF LESS THAN 10 BEDS, IF THE APPLICANT DEMONSTRATES, TO THE SATISFACTION OF THE DEPARTMENT, THAT TRAVEL TIME TO EXISTING UNITS WOULD SIGNIFICANTLY IMPAIR ACCESS TO CARE.

(3) AN APPLICANT UNDER THIS SECTION SHALL DEMONSTRATE THAT IT MEETS THE REQUIREMENTS OF SECTION 12.

(4) AN APPLICANT UNDER THIS SECTION SHALL DEMONSTRATE THAT IT MEETS THE REQUIREMENTS OF SECTION 13.

(5) AN APPLICANT UNDER THIS SECTION SHALL DEMONSTRATE THAT IT MEETS THE REQUIREMENTS OF SECTION 14.

(6) AN APPLICANT PROPOSING THE REPLACEMENT OF A CHILD/ADOLESCENT PSYCHIATRIC BED UNDER THIS SECTION SHALL DEMONSTRATE THAT IT MEETS THE REQUIREMENTS OF SECTION 6.

(7) AN APPLICANT PROPOSING THE ACQUISITION OF A CHILD/ADOLESCENT PSYCHIATRIC SERVICE UNDER THIS SECTION SHALL DEMONSTRATE THAT IT MEETS THE REQUIREMENTS OF SECTION 10.

(8) THE APPLICANT SHALL NOT RELOCATE ANY CHILD/ADOLESCENT PSYCHIATRIC BEDS APPROVED UNDER THIS SECTION PRIOR TO SEPTEMBER 30, 2030, AND PRIOR TO THE CHILD/ADOLESCENT BEDS BEING LICENSED AND OPERATIONAL. AN APPLICANT MUST DEMONSTRATE THAT IT MEETS THE REQUIREMENTS OF SECTION 7.

(9) AN APPLICANT UNDER THIS SECTION SHALL NOT BE REQUIRED TO BE IN COMPLIANCE WITH THE NEEDED PSYCHIATRIC HOSPITAL BED SUPPLY IF THE APPLICATION MEETS ALL OTHER APPLICABLE CON REVIEW STANDARDS AND AGREES AND ASSURES TO COMPLY WITH ALL APPLICABLE PROJECT DELIVERY REQUIREMENTS.

(10) AN APPLICANT UNDER THIS SECTION SHALL NOT BE SUBJECT TO COMPARATIVE REVIEW.

(11) IF THE COMMISSION DOES NOT TAKE ACTION TO EXTEND THE DURATION OF THE PILOT PROGRAM DESCRIBED IN THIS SECTION BY JULY 1, 2030, ALL OF THE FOLLOWING MUST OCCUR:

(a) THE PROVISIONS OF THIS SECTION SHALL NOT BE APPLICABLE TO ANY APPLICATION SUBMITTED AFTER JULY 1, 2030;

(b) THE PROVISIONS OF THIS SECTION WILL EXPIRE ON SEPTEMBER 30, 2030;

(c) AFTER SEPTEMBER 30, 2030 THE PROVISIONS OF THIS SECTION, EXCLUDING SUBSECTION 11(D) WILL BE OF NO FORCE AND EFFECT; AND
(d) ANY CHILD/ADOLESCENT PSYCHIATRIC BEDS APPROVED UNDER THIS SECTION MUST MEET ALL PROJECT DELIVERY REQUIREMENTS, INCLUDING OCCUPANCY REQUIREMENTS FOLLOWING THE TERMINATION OF THE PILOT PROGRAM DESCRIBED IN THIS SECTION.

(12) BY APRIL 30TH OF EACH YEAR, THE APPLICANT SHALL PROVIDE A SEPARATE ANNUAL REPORT TO THE DEPARTMENT REGARDING ALL CHILD/ADOLESCENT PSYCHIATRIC BEDS APPROVED UNDER THIS SECTION FOR THE PRECEDING CALENDAR YEAR, IN A FORMAT ESTABLISHED BY THE DEPARTMENT AND IN A MUTUALLY AGREED UPON MEDIA. THIS REPORTING REQUIREMENT SHALL CONTINUE FOR A PERIOD OF 7 YEARS, OR AS DETERMINED BY THE COMMISSION.

3. Addendum Section 1: Modified the definition of a “Medical psychiatric unit” to allow initiation of freestanding medical psychiatric unit and to increase flexibility in the use of medical psychiatric beds:

(d) “Medical psychiatric unit” means a unit designed for psychiatric patients (adult or child/adolescent as applicable) who have also been diagnosed with a medical ~~illness~~ COMORBIDITY requiring EITHER: (I) ACUTE MEDICAL NURSING INTERVENTION AND MONITORING, OR (II) ~~hospitalization~~-TREATMENT WITH DAILY DIRECTION OR SUPERVISION OF A PHYSICIAN OTHER THAN A PSYCHIATRIST (e.g., patients who may be on dialysis, require wound care or need intravenous or tube feeding) EXCEPT AS FOLLOWS:

(i) A MEDICAL PSYCHIATRIC UNIT LOCATED IN A HOSPITAL LICENSED UNDER PART 215 OF THE CODE, MAY BE USED FOR PSYCHIATRIC PATIENTS NOT DIAGNOSED WITH A MEDICAL ILLNESS UP TO A MAXIMUM OF 146 PATIENT DAYS PER YEAR PER BED PURSUANT TO THE LIMITATIONS DETAILED IN SECTION 9(4)(j).

4. Addendum Section 6: Modified/added sections to allow for initiation of a freestanding medical psychiatric unit:

(1)(a)(ii)(E) ACCESS TO SPECIALIST PHYSICIANS FOR CONSULTATION RELATED TO THE TREATMENT OF MEDICAL PSYCHIATRIC PATIENTS.

(1)(d) Staff, including contracted staff, will:

- (i) be specially trained in treatment of medical psychiatric patients;
- (ii) INCLUDE AN APPROPRIATE NUMBER OF REGISTERED NURSES (RNS) TO CARE FOR THE NUMBER AND ACUITY OF PATIENTS ADMITTED;
- (iii) INCLUDE A RAPID RESPONSE AND CODE TEAM COMPRISED OF RNS AND ANY OTHER MEDICAL STAFF AVAILABLE ON-SITE; AND
- (iv) INCLUDE A LICENSED HOSPITAL PROVIDER ON-SITE DAILY AND AVAILABLE 24-HOUR, 365-DAY VIA CALL COVERAGE.

(e) The proposed beds will serve only medical psychiatric patients.

(f) THE FACILITY AGREES TO PROVIDE AT LEAST THE FOLLOWING MEDICAL SERVICES WHICH DO NOT REQUIRE ACUTE CARE HOSPITAL ADMISSION:

- (i) ADVANCED WOUND CARE (FOR TREATMENT OF WOUNDS SHOWING SIGNS OF INFECTION THAT REQUIRE TREATMENT BY A MEDICAL DOCTOR OTHER THAN A PSYCHIATRIST); AND
- (ii) INTRAVENOUS LINE CARE.

5. Addendum Section 9: Added language to allow initiation of freestanding medical psychiatric unit and to increase flexibility in the use of medical psychiatric beds:

(4)(d)(i) Patient admission criteria that describe minimum and maximum characteristics for patients appropriate for admission to the medical psychiatric unit. A UNIT LICENSED ONLY UNDER 1974 PA 278, CHAPTER 1, SHALL CLEARLY INDICATE THE FACILITY WILL NOT ADMIT PATIENTS REQUIRING ACUTE CARE HOSPITAL ADMISSION.

(4)(i) THE FACILITY SHALL PROVIDE AT LEAST THE FOLLOWING MEDICAL STAFF AND SERVICES WHICH DO NOT REQUIRE ACUTE CARE HOSPITAL ADMISSION:

- (i) STAFF SPECIALLY TRAINED IN TREATMENT OF MEDICAL PSYCHIATRIC PATIENTS;
- (ii) INCLUDE AND APPROPRIATE NUMBER OF REGISTERED NURSES (RNS) TO CARE FOR THE NUMBER AND ACUITY OF PATIENTS ADMITTED;
- (iii) A RAPID RESPONSE AND CODE TEAM COMPRISED OF RNS AND ANY OTHER MEDICAL STAFF ON-SITE.
- (iv) INCLUDE A LICENSED HOSPITALIST PROVIDER ON-SITE DAILY AND AVAILABLE 24-HOUR, 365-DAY VIA CALL COVERAGE.
- (v) ADVANCED WOUND CARE (FOR TREATMENT OF WOUNDS SHOWING SIGNS OF INFECTION THAT REQUIRE TREATMENT BY A MEDICAL DOCTOR OTHER THAN A PSYCHIATRIST); AND
- (vi) INTRAVENOUS LINE CARE.

(j) AN APPLICANT PLACING A PATIENT IN A BED IN A MEDICAL/PSYCHIATRIC UNIT PURSUANT TO SECTION 1(D)(I) MUST FOLLOW THE FOLLOWING PROCEDURES WITH RESPECT TO SUCH PLACEMENT:

- (i) THE APPLICANT MUST NOT HAVE BEEN ABLE TO PLACE SUCH PATIENT REQUIRING AN INPATIENT PSYCHIATRIC HOSPITAL ADMISSION AT THE TIME OF THE PATIENT'S VISIT TO THE APPLICANT'S EMERGENCY ROOM AT A DIFFERENT INPATIENT PSYCHIATRIC FACILITY WITHIN A 60-MINUTE DRIVE TIME OF THE APPLICANT'S HOSPITAL LOCATION WITHIN 6 HOURS AFTER THE DETERMINATION FOR SUCH NEED FOR INPATIENT PSYCHIATRIC CARE BEING MADE.

(ii) THE APPLICANT MUST HAVE ATTEMPTED TO PLACE SUCH PATIENT AT A MINIMUM OF THREE FACILITIES OVER AT LEAST A 6-HOUR PERIOD TO SECURE ADMISSION OF THE PATIENT TO A PSYCHIATRIC HOSPITAL OR UNIT, ALL OF WHICH FAILED DUE TO A LACK OF AVAILABLY PSYCHIATRIC BEDS AT THE OTHER FACILITIES OR DUE TO THE MEDICAL ADMISSION CRITERIA OF THE FACILITIES.

(iii) THE APPLICANT MUST SUBMIT VERIFIABLE INFORMATION APPROVED UNDER THIS SECTION FOR THE PRECEDING CALENDAR YEAR, IN A FORMAT ESTABLISHED BY THE DEPARTMENT AND IN A MUTUALLY AGREED UPON MEDIA. THE APPLICANT HAS COMPLIED WITH THE REQUIREMENTS OF SECTIONS 9(4)(j)(i) and 9(4)(j)(ii) FOR EACH PATIENT ADMITTED TO A MEDICAL PSYCHIATRIC BED UNDER SECTION 1(d)(i). SUCH INFORMATION SHALL INCLUDE:

(A) THE NUMBER OF REFERRALS PER PATIENT, INCLUDING THE NUMBER OF PATIENTS THAT WERE ADMITTED TO A UNIT DESCRIBED IN THIS SECTION WITH LESS THAN 3 REFERRALS AND THE REASON FOR LESS THAN 3 REFERRALS; AND

(B) THE REASONS FOR DENIAL OF ADMISSION BY ANOTHER FACILITY FOR EACH PATIENT.

(C) REQUIRED DOCUMENTATION MUST BE MAINTAINED BY THE APPLICANT AND MADE AVAILABLE UPON REQUEST BY THE DEPARTMENT.

(4)(k) SECTIONS 1(d)(I), 9(4)(K) SHALL BE SUBJECT TO REVIEW BY THE CON COMMISSION IN 2027.

6. Other technical edits.



Oral comments may be presented during the hearing on Thursday, August 10, 2023, or submitted in writing by sending an email to the following email address: MDHHS-ConWebTeam@michigan.gov. If your comment is in written form, please provide a copy to Kenny Wirth and Tiffani Stanton at the conclusion of your testimony.

Please submit written comments no later than 5:00 p.m., Thursday, August 17, 2023.

If you have any questions or concerns, please contact Kenny Wirth at wirthk4@michigan.gov, or Tiffani Stanton at StantonT4@michigan.gov.